

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FD-577)							SERIAL NO.		FILING DATE			
							APPLICANT'S					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	DEF.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1	1											
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49												
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TOTAL	8											
TOTAL	16											
TOTAL	23											

CLAIMS					
NO.	DEF.	NO.	DEF.	NO.	DEF.
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